

File with
INCOME TAX DEPARTMENT
610 W. Sycamore Street
Coldwater, OH 45828-1662

Make Checks and Money Orders
Payable To
Coldwater - Income Tax

Fiscal Period _____ to _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15
FISCAL AND PARTIAL YEARS BY THE 15TH DAY OF 4TH MONTH
FOLLOWING END OF THE PERIOD

INCOME TAX RETURN
VILLAGE OF COLDWATER
For Assistance Dial: (419) 678-2685

Residency Status (check one)
 Resident
 Non-Resident _____
 Partial Year Resident
From _____ To _____
 Final Return
Soc. Sec. #H _____
Soc. Sec. #W _____
Fed. I.D. # _____

IF ADDRESS IS INCORRECT, PLEASE MAKE CORRECTION

DUE APRIL 15TH

I AM NOT REQUIRED TO COMPLETE
THIS TAX RETURN. PLEASE
COMPLETE **SECTION NEAR
BOTTOM AND SIGN.

- 1. Total Qualifying Wages earned or received
(Add All W-2's and Attach ON BACK) If your only source of income is from wages, proceed to line 7). \$ _____
- 2. Income Other than Wages: **APPLICABLE LOSSES CAN BE DEDUCTED FROM COLDWATER W-2 WAGES**
(Attach Federal Schedules, applicable 1099s, 5754, W-2G, etc: Do not include interest, dividends, unemployment or pensions). \$ _____
- 3. Adjustments from Schedule X-Reconciliation with Federal Income Tax Return (Back of Sheet - Line CC). \$ _____
- 4. Net amount subject to Income Tax (Total Line 1,2, plus or minus Line 3). \$ _____
- 5. Amount Apportioned to Coldwater - If Schedule Y (Back of Sheet) is Used (_____ % of Line 4). \$ _____
- 6. Allowable Loss Apportioned to Coldwater from Schedule W (5 year carry forward limit). \$ _____
- 7. **TOTAL TAXABLE INCOME** \$ _____
- 8. **COLDWATER TAX DUE (TAX RATE - 1%)** \$ _____
- 9. **CREDITS:** (County Income Tax [COIT] & School District Income Taxes are not deductible. Only municipal income taxes properly paid directly to the employing city or village are deductible. Other Village/City tax credit(s) claimed cannot exceed the tax assessed by the Village of Coldwater on the same income earned.)
 - A) Coldwater Tax Withheld By Employer(s) \$ _____
 - B) Estimated Tax Paid and/or Credit \$ _____
 - C) Other Village/City Tax Withheld (Limit 1%) \$ _____
 - D) **TOTAL CREDITS ALLOWABLE (Total 9A, 9B and 9C)** \$ _____
- 10. **TAX DUE** (Line 8 minus Line 9D) \$ _____
- 11. A) Penalty (Minimum of \$10.00 or 2% per month or fraction thereof whichever is greater) \$ _____
B) Interest (2% per month or fraction thereof) (See Instructions) \$ _____
C) **TOTAL PENALTY AND INTEREST** \$ _____
- 12. **TOTAL AMOUNT DUE** (Add Lines 10 & 11C; **Make Check Payable to Coldwater Income Tax**) **PAY THIS AMOUNT** . . . \$ _____
- 13. **OVERPAYMENT** (If Line 9D is greater than Line 8). . . \$ _____
 - A. **CREDIT TO NEXT YEAR'S TAX** \$ _____
 - B. **REFUND REQUEST** \$ _____

NOTE: If the amount you owe is less than \$1.01, payment need not be made. And if your refund is less than \$1.01, no refund will be issued.

DECLARATION OF ESTIMATED TAX FOR YEAR 20 _____

- 14. Estimated Taxable Income for Year \$ _____ . Multiply by tax rate of 1% for gross tax of \$ _____
- 15. Less: Tax to withheld and/or paid to another City/Village (Up to 1%) \$ _____
- 16. Balance of Estimated City Income Tax Due (Line 14 minus Line 15) \$ _____
- 17. Credits: Overpayments claimed on previous year's return \$ _____
- 18. Net tax due \$ _____
- 19. Amount paid with this declaration (At least 22.5 percent of Line 18) \$ _____
- 20. **AMOUNT ENCLOSED:** Line 12-Total Amt. Due) \$ _____ (Line 19-Declaration Amt. Due) \$ _____ **TOTAL** \$ _____

****I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN BECAUSE:** ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____
 TOTAL/PERMANENT DISABILITY MOVED OUT PRIOR TO 1-1-20 ____ . LIST DATE OF MOVE _____
 RETIREMENT INCOME ONLY TAXPAYER DECEASED, LIST DATE OF DEATH _____
 BUSINESS TERMINATED, LIST DATE: _____ RENTAL PROPERTY SUBJECT TO VILLAGE TAX WAS SOLD, LIST DATE _____
IF BUSINESS OR RENTAL PROPERTY SOLD, TO WHOM: (NAME & ADDRESS) _____

CHECK THIS BOX TO AUTHORIZE US TO SPEAK DIRECTLY TO YOUR TAX PREPARER REGARDING YOUR RETURN.

The undersigned declares that this return (and accompanying schedules) is true, correct and complete return for the taxable period stated and that the figures used here are the same as used for Federal Income Tax purposes.

Signature of Taxpayer or Agent _____ Title _____ Date _____ Signature of Person Preparing Return _____ Date _____
Signature of Spouse if joint return _____ Date _____ Street Address of Firm or Employer _____
Address of Above _____ Phone Number of Above _____ Phone Number of Above _____

IMPORTANT: TO OPEN BOOKLET CAREFULLY PEEL DOWN PERFORATION